



Water Resources Program Request for Determination of Water Budget Neutrality

	☐ SURFACE WATER	☐ GROUND WATER	
Section 1. AP	PLICANT		
Applicant/Busines	s Name: John C. Jenson	Phone No: 206-235-0783	Other No:
Address: 2323 NV	V 99th Street		
City: Seattle		State: WA	Zip:98117
Email Address (op	tional): Jenson_Jack@msn.com		
Contact Name (if o	lifferent from above):	Phone No:	Other No:
Relationship to Ap	pplicant:		
Address:			
City:		State:	Zip:
Email Address (op	tional):		
Section 2. ST	ATEMENT OF INTENT		
Briefly describe th	e purpose of your proposed project: Bu	uild one residence	
Anticipated length	of time to complete your project: Un	known 7 to 10+ ye	ars
For Ecology APPLICA	ATION NO: 64-35568	SEP	A: Exempt/Not Exemp
Use Fee Paid:	Check No:	ECY Coding: 001-001-	WR1-0285-000011
Date Returned	By Priority Date	16-27-2012 By WRL	A: 39 KiTT

Water Use: List all proposed us		e quantity i	required	for e	ach.	
Domestic and Irrigat	ion					
Purpose(s) of Use Rate (check one bo Cubic Feet per Secon Gallons per Minute (check one bo		cond (CFS	nd (CFS) Year (AF/YR) (If		Period of Use (Continuously or Seasonal)	
Domestic	TBD	ns per Minut	e (GPM)	-	known) 0.392/	Continuously
Domestic	TBD				0.118 (CU)	Continuously
Irrigation	TBD			0.022/	Seasonal	
				0.019 (CU)		
TOTAL:	TBD				0.414	1
					0.137 (CU)	Same will
						ID as
						companion
Section 3. POINT OF D Complete A or I			R WIT	THE	RAWAL	Same well ID as companion APP/but Dif Parce
A.) If Surface Water Source				B.) If Ground Water Source		
Spring Creek River Lake				Do you have an existing well? XYES NO		
Other:			_	Well(s) Other:		
Source Name:			_			
Tributary to:						& depth:6 in.; 245
N 1 C 11'						ter Well Report and pump test.
Number of proposed diversion points:				Well Tag ID No.APB 013		
Do you have an existing diversion? TYES NO				Number of proposed points of withdrawal:1		
				, vaim	oer or proposed p	onto of withdrawar.
C.) Point of Diversion/Witho	lrawal –	Legal De	escripti	ion		
Parcel No. 1/4	1/4	Section	Towns	ship	Range	County
11340		34	20	N	16 E	Kittitas
Lot(s)	Block(s)		Su	bdivision	
				Antonio		

If known, enter the distances in feet from the	point of diversion or withdrawal to the nearest section corner:
Feet (North/ South) and	feet ([_ East/[_ West)
from the (NW SW NE SE) corner of Section

NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper.

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 4. WATER SYSTEM INFORM Complete A or B, C, D, E and F belo	
A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: One	Present population to be served water:
Type of connections: Residential	Estimate future population to be served:(20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Water Division? X YES NO	shington State Department of Health, Drinking Water
If yes, date plan was approved 11/20/1997 Water S	ystem Number:06263Q
Name of water system: Chanterelle Water Sy	ystem #2 (a Group B system)
Are you within the service area of an existing water sys	stem? XES NO
If yes, explain why you are unable to connect to the sys	stem:Upper Kittitas Co. Ground Water
Rule - Chapter 173-539A WAC; DOE h	has determined that connection to
the existing water system is a "ne	ew use" requiring a water budget
neutral determination and a mitigation	ating water source
D.) On-Site Septic	
Will there be an on-site septic system? ⊠ YES ☐ NO	
If yes, please provide a copy of the property covenant through drain field.	that restricts or prohibits trees or shrubs over the septic
E.) Sanitary Sewer System	
Will domestic wastewater be discharged to a sanitary s	ewer system? YES NO
If yes, please provide a copy of the sewer utility agreer	ment that serves the proposed project.

	ted to be irrigated under this applicate irrigated on your attached map.	<u>tion</u> = 0.011	_Acres
Section 5. MITIGAT	ION	Service Control	
 right or pending application to Contribute an equal of Parker. Have a priority date expression 	under Chapter 173-539A WAC, the populate a water right in trust. The trust of greater amount to Yakima River fluorities than May 10, 1905.	ust water right(s) mu ow during the irriga	ist: tion season, as measured at
A) Existing Trust Water Ri	ight ust water right(s) for use as mitigatio	on.	
Water Right No.	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
			0.24.25.0
	TOTAL:		
B) Proposed Trust Water In Please identify the pending	Right Application application(s) to place a water right	ht(s) into trust for us	se as mitigation.
	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If	Priority Date
Water Right No.	Cubic Feet per Second (CFS) Gallons per Minute (GPM)	known)	
Water Right No. Claim No. 1467			June 30, 1883
		known)	June 30, 1883
		known) 18.885	June 30, 1883
Claim No. 1467	Gallons per Minute (GPM) TOTAL:	known) 18.885	June 30, 1883
Claim No. 1467 Section 6. PLACE Oluttach a copy of the legal description	Gallons per Minute (GPM) TOTAL: F USE ription of the property (on which the	known) 18.885 18.885 water will be used)	taken from a real estate
Section 6. PLACE Olattach a copy of the legal descontract, property deed or title	Gallons per Minute (GPM) TOTAL: F USE ription of the property (on which the insurance policy, or copy it carefully	known) 18.885 18.885 water will be used) y in the space below	taken from a real estate
Section 6. PLACE Of Attach a copy of the legal descontract, property deed or title Lot 19, of Chanters of Washington; being	Gallons per Minute (GPM) TOTAL: F USE ription of the property (on which the	known) 18.885 18.885 water will be used) in the space below s of Kittitas in 34, Townsh:	taken from a real estate S County, State ip 20 North,
Section 6. PLACE Of Mattach a copy of the legal descriptoract, property deed or title Lot 19, of Chanters of Washington; being	F USE ription of the property (on which the insurance policy, or copy it carefully elle - Phase 1, records a portion of Section	known) 18.885 18.885 water will be used) in the space below s of Kittitas in 34, Townsh:	taken from a real estate S County, State ip 20 North,

34 20 N 16 E Kittitas 11340		34		16 E	Kittitas	11340	
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Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsibility for the accuracy of the information provided.

Print Name

(Applicant or authorized representative)

Print Name

(Land Owner, if seeking to use the ground water exemption)

8ignature

Signature

6/13/2012 Date

Date

Submit this form to:

DEPARTMENT OF ECOLOGY WATER RESOURCES PROGRAM CENTRAL REGIONAL OFFICE 15 W. YAKIMA AVE, SUITE 200 YAKIMA, WA 98902-3452